CABINET FOR WORKFORCE DEVELOPMENT
ACCIDENT REPORT FORM

(please write legibly)

Name _____ Student ☐ Employee ☐ Date/Time of Occurrence _____

Address _____ Facility _____ Region _____

Age _____ Dept./Class _____ High School (if applicable) _____

Social Security Number _____ Days lost from school/work _____

DESCRIPTION OF INJURY

APPARENT NATURE OF INJURY

☐ Abrasion ☐ Concussion ☐ Puncture
☐ Amputation ☐ Cut ☐ Scald
☐ Asphyxiation ☐ Dislocation ☐ Scratch
☐ Bite ☐ Fracture ☐ Shock
☐ Bruise ☐ Laceration ☐ Sprain
☐ Burn ☐ Poisoning ☐ Other

PART OF BODY INJURED

☐ Abdomen ☐ Elbow L__ R__ ☐ Head
☐ Ankle L__ R__ ☐ Eye L__ R__ ☐ Knee L__ R__
☐ Arm L__ R__ ☐ Face ☐ Leg L__ R__
☐ Back ☐ Finger ☐ Mouth
☐ Chest ☐ Foot L__ R__ ☐ Other
☐ Ear L__ R__ ☐ Hand L__ R__

Explain Other: _____

Explain Other : _____

Describe the nature of Injury (cut, third finger, left hand, etc.) _____

Describe medical attention received, by whom, and address : _____

DESCRIPTION OF ACCIDENT

Did accident occur while in an instructional or work activity? ____ If no, explain _____

Specify any machine, equipment, or tools involved _____

Were proper machine guards being used? _____ Describe Safety Equipment _____
Was student / employee given safety orientation? _____ If Safety Equipment was not in use, explain: _____
Was student / employee doing assigned work? _____
Was student / employee using Safety Equipment? _____ Was high school notified (if applicable)? _____

Was this accident due to faulty equipment? ____ Action taken to prevent recurrence _____

Was supervisor present at accident? _____ If no, explain _____

Did student / employee have permission to use equipment? ____ If no, explain _____

KDAT/FC APPROVED
1501 - 034 8/94

FOR SAFETY SECTION USE ONLY
Degree of Injury: ☐ Minor ☐ Severe

DESCRIPTION OF ACCIDENT
(continued)

Student's / Employee's description of accident (specify in detail) _____

_____

_____

_____

Student's / Employee's Signature _____ _____ Date _____

Was family notified by the facility? _____

* * * * * * * * * * *

Witness' description of accident (specify in detail) _____

_____

_____

_____

Witness' Signature _____ Date _____

* * * * * * * * * * *

Supervisor's description of accident (specify in detail) _____

_____

_____

_____

Supervisor's Signature _____ Date _____

* * * * * * * * * * *

Administrator's Comments _____

_____

Administrator's Signature _____ Date _____

* * * * * * * * * * *

List all non-student / supervisor witnesses and addresses:

1. _____ 2 _____ 3. _____

_____ _____ _____

_____ _____ _____

Date copy of accident report form forwarded to Regional Office (if applicable) _____

Kentucky Tech Personnel: Sign and date original report and forward to Regional Safety Coordinator.

Other Cabinet Personnel: Sign and date original report and forward to the Safety Section at:

9th Floor, Capital Plaza Tower
500 Mero Street
Frankfort, Kentucky 40601